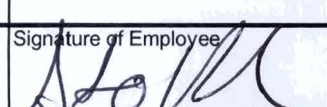
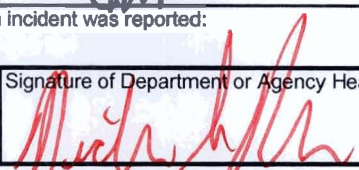


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MAR 12 2009

PIERCE COUNTY
ROAD OPERATIONS

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department PW ROADS		Your Department's Risk Management BARS Code: 150.200.6200.54290 .46.0030	
Employee Completing Report	Employee Name Scott O Kennard		
	Division, Section, Etc. 4812 196 STE ROADS		
	Work Address 4812 196 STE		Work Phone 798-6000
Person Injured/Involved in the Accident or Incident	Name		Age
	Home Address		Home Phone
	Occupation		
	Employed By:		Work Phone
	What was the involved person doing at the time of accident or incident?		
Date, Time and Place	Date 3-10-09		Time 135 A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
	Location 12107 78 AVE		
The Injury	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
Property Damage or Theft of Property	Owner's Name P.S.E		Home Phone
	Address		
	List damage: 2" gas line		Police Case #:
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.)		
	I was Ditching on 78 AVE from 120 AVE St South towards 122 St at the tile END at 12107 I Hit a 2" gas line sitting at the Bottom of the tile End (SEE PIX)		
	Locates Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Locate #:		
Describe 1st Aid:		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name Mike Johnson	Address	Wk Phone CMF Hm Phone
	Name Laney Zupfluh	Address	Wk Phone CMF Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
Date 3/10-09	Signature of Employee 		Signature of Department or Agency Head  3-11-09

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402

